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REQUEST FOR **CONTINUED EXAMINATION (RCE) TRANSMITTAL**

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|--|------------------------|--|
| Application Number | 10/661,734 | |
| Filing Date | 09/12/2003 | |
| First Named Inventor | Fedyk | |
| Art Unit | 2142 | |
| Examiner Name | Recek | |
| Attorney Docket Number Client Ref. | 120-279 1579BAUS02U | |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| Submission re | quired under 37 CFR 1.114 | | | |
|---|--|--|---|--|
| a. Previously submitted | | | | |
| i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed. (Any unentered amendment(s) referred to above will be entered). ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on | | | | |
| iii. 🔲 Othe | er | _ | | |
| = | endment/Reply iii. Info | | losure Statement (IDS) | |
| 2. Miscellaneous | lavit(s)/Declaration(s) iv. U Oth | | | |
| Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) Dother 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. | | | | |
| The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502569 | | | | |
| i. X RCE fee required under 37 CFR 1.17(e) | | | | |
| ii. X Extension of time fee (37 CFR 1.136 and 1.17) | | | | |
| iii. Other | | | | |
| b. Che | ck in the amount of \$ enclosed | | | |
| c. Payment by credit card (Form PTO-2038 enclosed) | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| | SIGNATURE OF APPLICANT, ATTORNEY | , OR AGEN | T REQUIRED | |
| Name (Print/Type) | Holmes W. Anderson | Registra | ation No. (Attorney/Agent) 37272 | |
| Signature | /Holmes W. Anderson/ | Date | September 22, 2008 | |
| CERTIFICATE OF MAILING OR TRANSMISSION | | | | |
| Thereby certify that this correspondence is being electronically filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | |
| Name (Print/Type) | Christine M. Morrissette | | | |
| Signature | /Christine M. Morrissette/ | Date | September 22, 2008 | |
| Surden Hour Statement: The amount of time you are requi | is form is estimated to take 0.2 hours to complete. Time will vary deprired to complete this form should be sent to the Chief Information Office | ending upon the i er, U.S. Patent a | nd Trademark Office, Washington, DC 20231. DO | |